05/20/2008 18:42

Image# 28991041452

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other	er Than An Autho	rized Comm	ittee	Off	fice Use Only
NAME OF COMMITTEE (in full)		MAILING LABEL OR PRINT	Example:If typ over the lines	ing, type		
American Academy of			OPHTHPAC)			
	1 1 1 1	1 1 1 1 1 1	<u> </u>		1 1 1 1 1 1	
ADDRESS (number and stre	et) 655 Be	each Street		1 1 1 1		
Check if different than previously reported. (ACC)	San Fr	ancisco			CA L	94109
2. FEC IDENTIFICATION	N NUMBER	CITY	A		STATE	ZIPCODE 🛕
C00196246			THIS X	NEW (N) OR	AMEN (A)	DED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly Re January 31 Quarterly Re July 31 Mid- Report(Non- Year Only) (I	port(Q1) (c) port(Q2) port(Q3) port(YE) Year election MY) (d)	PRE-Election Report for the: Election	O (M3) O (M4) Primary (1 Convention On General (3)	n (12C)	Aug 20 (Sep 20 (Oct 20 (General (12G) Special (12G) Runoff (30R)	Year Only
5. Covering Period	04	2008	throug	h 04	30 2	0 0 8
I certify that I have examined Type or Print Name of Trea	Desir	to the best of my know min Bank	ledge and belief if	is true, correct	and complete.	
Signature of Treasurer E	Electronically Filed	d by Benjamin Bank			Date 0.5	2008
NOTE : Submission of false	e, erroneous, or ir	ncomplete information n	nay subject the p	erson signing thi	is Report to the pen	nalties of 2 U.S.C 437g.
Office Use						FEC FORM 3X

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

R	eport Covering the Period: From:	0 4 0 1 Y Y Y Y Y 2 0 0 8	To: 0 4 3 0 Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
	(a) Cash on Hand January 1 Ž008 Y Y		895558.86
	(b) Cash on Hand at Begining of Reporting Period	829325.31	
	(c) Total Receipts (from Line 19)	99825.51	277838.43
	(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	929150.82	1173397.29
	Total Disbursements (from Line 31)	46283.16	290529.63
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	882867.66	882867.66
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
).	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

0 1 3^D0 м м 0 4 м м 0 4 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 252531.82 94119.57 (i) Itemized (use Schedule A) 4376.00 17901.25 (ii) Unitemized (iii) TOTAL (add 98495.57 270433.07 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 98495.57 270433.07 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 1329.94 7405.36 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 99825.51 277838.43 12, 13, 14, 15, 16, 17, and 18(c))

99825.51

277838.43

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS

(a) Shared Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

24. Independent Expenditure

27. Loans Made.....

28. Refunds of Contributions To:

Individuals/Persons Other

(b) Political Party Committees (c) Other Political Committees

(d) Total Contribution Refunds

(a) Shared Federal Election Activity

(i) Federal Share

(ii) "Levin" Share

With Federal Funds

(from Schedule H6)

32. Total Federal Disbursements

from Line 31).....

23.

(c) Total Operating Expenditures

21. Operating Expenditures:

of Disbursements Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... 1428.16 6669.63 Expenditures..... 1428.16 6669.63 (add 21(a)(i), (a)(ii) and (b))............ 0.00 0.00 Committees..... Federal Candidates/Committees.....and Other Political Committees..... 29500.00 247000.00 0.00 15030.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 15355.00 21830.00 Than Political Committees 0.00 0.00 0.00 0.00 (such as PACs) 15355.00 21830.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) 0.00 0.00 0.00 0.00 (b) Federal Election Activity Paid Entirely 0.00 0.00 (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 46283.16 290529.63 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. (subtract Line 21(a)(ii) and Line 30(a)(ii)

46283.16

290529.63

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	98495.57	270433.07
34.	Total Contribution Refunds (from Line 28(d))	15355.00	21830.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	83140.57	248603.07
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1428.16	6669.63
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1428.16	6669.63

FE6AN026

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to gy Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) AAO Mailing Address 655 Beach St. City San Francisco FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code CA 94109 C Occupation Aggregate Year-to-Date 365.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Natalie Afshari Mailing Address Duke Univ Eye Center Duke Univ Med Center City Durham FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Omar Almallah Mailing Address the Focus Center 20 Mule Road City Toms River FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code NJ 08755-5028 C Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1115.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Academy of Ophthalmology	/ Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Charley Andrews		Date of Receipt
Mailing Address Suite C 556 W Bedford Euless	s Road	04 23 2008
City	State Zip Code	Transaction ID: 1PQVFD414187
Hurst	TX 76053-3924	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Emilio Arce-Lopez		Date of Receipt
Mailing Address 150 De Diego Avenue		0 4 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 8UJBJN477741
San Juan	PR 00907-2318	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00 Batch Tool - PAC
Name of Employer self	Occupation Ophthalmologist	Datch 1001-1 AC
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial) Priscila Baco		Date of Receipt
Mailing Address PO Box 366257		0 4
City	State Zip Code	Transaction ID: 8UJBAF060749
San Juan	PR 00936-6257	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00 Batch Tool - PAC
Name of Employer self	Occupation Ophthalmologist	Daton 1001 - FAO
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional)		2500.00
TOTAL This Period (last page this line number	•	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 1
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	/ Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Katherine Baltz			Date of Receipt
	Mailing Address Suite 101 5 Saint Vincent Circle			04 14 2008
	City	State	Zip Code	Transaction ID: 5ATTNY594135
	Little Rock	AR	72205-5415	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	, ' ' ' 	e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Rachel Benator	1		Date of Receipt
	Mailing Address Suite B 1025 E 3300 S			0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 8UJBD1423145
	Salt Lake City	UT	84106-4389	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼		365.00	
	Full Name (Last, First, Middle Initial) Michelle Berger			Date of Receipt
	Mailing Address Building 4 Suite 205 4100 Duval Road			04 15 2008
	City	State	Zip Code	Transaction ID: 8UJB8I608012
	Austin	TX	78759-3550	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthalr	mologist	Datcii 100i - FAC
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
Г		1		1865.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Janet Betchkal Mailing Address 1820 Barrs Street Dillon Building Suite 1 City Jacksonville FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	State FL C Occupation Ophthalr	mologist e Year-to-Date ▼	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- В.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Janet Betchkal Mailing Address 1820 Barrs Street Dillon Building Suite 1 City Jacksonville FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼	State FL C Occupation Ophthalr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) Bradley Black Mailing Address 5220 Flanders Drive City Baton Rouge FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State LA C Occupation Ophthalr Aggregate		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional))	821.25

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Statomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 81 (check only one) X 11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and ad	ldress of any political committee t	to solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Bradley Black Mailing Address 5220 Flanders Drive City Baton Rouge FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	State LA C Occupation Ophthalin Aggregate		Date of Receipt O 4 Transaction ID: 8UJBD1513339 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
В.	Full Name (Last, First, Middle Initial) Robert Block Mailing Address 12 Curtis Street City Meriden FEC ID number of contributing federal political committee. Name of Employer self Receipt For: □ Primary □ General □ Other (specify) ▼	State CT C Occupation Ophthalir Aggregate	Zip Code 06450-5900	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- C.	Full Name (Last, First, Middle Initial) Michael Brennan Mailing Address 1016 Kirkpatrick Road City Burlington FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State NC C Occupation Ophthali		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			815.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology		
Full Name (Last, First, Middle Initial) Michael Brennan Mailing Address 1016 Kirkpatrick Road City Burlington FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	State Zip Code NC 27215-9714 C Occupation Ophthalmologist Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Daniel Briceland Mailing Address 7101 E Carefree Drive PO Box 2960 City Carefree FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code AZ 85377-2960 C Occupation Ophthalmologist Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Melissa Cable Mailing Address 4741 S Cochise City Independence FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code MO 64055-6974 C Occupation Ophthalmologist Aggregate Year-to-Date 365.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1065.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or used by any pe e name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	y Inc Political Committee (OPHTHPAC	;)
	Full Name (Last, First, Middle Initial) Keith Carter		Date of Receipt
	Mailing Address 200 Hawkins Drive		04 / 15 / Y Y Y Y Y
	City Iowa City	State Zip Code IA 52242-1009	Transaction ID: 8UJBD1695714 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 322-42 1003	500.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Keith Carter	I	Date of Receipt
	Mailing Address 200 Hawkins Drive		0 4 1 5 2 0 0 8
	City	State Zip Code	Transaction ID: 8UJBD1026894
	Iowa City	IA 52242-1009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	500.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Kristin Carter		Date of Receipt
	Mailing Address Suite 104 5240 E Knight Drive		04 15 2008
	City Tucson	State Zip Code AZ 85712-2122	Transaction ID: 8UJBD2487866 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional) .	1	1400.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13/81 (check only one)
Any inf	ormation copied from such Reports and Stommercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) nerican Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
	Name (Last, First, Middle Initial) ig Cassidy			Date of Receipt
	ling Address 6390 N Cattle Track Ro	oad		M M / D D / Y Y Y Y Y Y O A O 1 2008
City Sco	ottsdale	State AZ	Zip Code 85250-4610	Transaction ID: 406c9b0945119ed37 Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		125.00
Nar self	ne of Employer	Occupatio Ophthalr		PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
	Name (Last, First, Middle Initial) neth Paul Cheng			Date of Receipt
Mai	ling Address 1000 Stonewood Drive Suite 310			0 4 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	exford	State PA	Zip Code 15090-8386	Transaction ID: 8UJBAF117457 Amount of Each Receipt this Period
FEC	C ID number of contributing eral political committee.	C	13030 0300	500.00
Nar self	ne of Employer	Occupatio Ophthalr		Batch Tool - PAC
Rec	ceipt For: Primary General Other (specify) ▼	_ · · · _ ·	e Year-to-Date ▼ 500.00	
	Name (Last, First, Middle Initial) k Chiu			Date of Receipt
	ling Address 806 Dr. Martin Luther h	King Jr Aver	١	M M / D D / Y Y Y Y O N O O O O O O O O O O O O O O
City		State	Zip Code	Transaction ID: 8UJBD1895101
FEC	ouquerque C ID number of contributing eral political committee.	C	87102-3657	Amount of Each Receipt this Period 365.00
Nar self	ne of Employer	Occupatio Ophthalr		Batch Tool - PAC
Rec	ceipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
SUBT	OTAL of Receipts This Page (optional)			990.00

		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark Chiu Mailing Address 806 Dr. Martin Luthe City Albuquerque FEC ID number of contributing federal political committee. Name of Employer self	State NM C	Zip Code 87102-3657	Date of Receipt M M M D D D Z D O S Transaction ID: 8UJBD1608303 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Ophthaln Aggregate	nologist e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) James Chodosh Mailing Address 608 Stanton L Young	g Boulevard		Date of Receipt 0 4
City	State	Zip Code	Transaction ID: 8UJBD1265608
Oklahoma City	OK	73104-5014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		265.00 Batch Tool - PAC
Name of Employer self	Occupation Ophthaln		
Receipt For: Primary General Other (specify) ▼	- ' ' ' - '	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial)			Patrick Provide
James Chodosh Mailing Address 608 Stanton L Younç	g Boulevard		Date of Receipt 0 4 1 5 2 0 0 8
City	State	Zip Code	Transaction ID: 8UJBD1618323
Oklahoma City FEC ID number of contributing federal political committee.	OK C	73104-5014	Amount of Each Receipt this Period 265.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)			895.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 81 (check only one) X 11a
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	/ Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Donald Cinotti			Date of Receipt
	Mailing Address 600 Pavonia Avenue 6th Floor			04 15 2008
	City Jersey City	State NJ	Zip Code 07306-2932	Transaction ID: 8UJBAF406142
	FEC ID number of contributing federal political committee.	C	07300-2932	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	- ' 	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) S William Clark			Date of Receipt
	Mailing Address 502 Isabella Street			M M / D D / Y Y Y Y Y Y Y Y Y 15 15 2008
	City	State	Zip Code	Transaction ID: 8UJBD1448368
	Waycross	GA	31501-3638	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5000.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		5000.00	
_	Full Name (Last, First, Middle Initial) S William Clark			Date of Receipt
	Mailing Address 502 Isabella Street			0 4 1 5 2 0 0 8
	City	State	Zip Code	Transaction ID: 8UJBD1915628
	Waycross FEC ID number of contributing	GA	31501-3638	Amount of Each Receipt this Period
	federal political committee.	C		5000.00
	Name of Employer self	Occupation Ophthalr	mologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 5000.00	
Γ.	SUBTOTAL of Receipts This Page (optional)	1		10500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
۷.	Full Name (Last, First, Middle Initial) John Clarkson			Date of Receipt
	Mailing Address Suite 1560B 1120 Northwest 14th S	Street		04 14 2008
	City	State	Zip Code	Transaction ID: 5ATTMD722163
	Miami	FL	33136-2107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
- 3.	Full Name (Last, First, Middle Initial) William Clifford			Date of Receipt
	Mailing Address 102 Drury lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 47229C15-FAF3-4048-
	Gaeden City	KS	67846	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupatio Ophthalr		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
- C.	Full Name (Last, First, Middle Initial) David Coats			Date of Receipt
•	Mailing Address 6621 Fannin Street Mc-Ccc640.00			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 5ATTMD385845
	Houston	TX	77030-2303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:	, ' 	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
Γ	CURTOTAL of Descripts This Descripts in			1365.00
-	SUBTOTAL of Receipts This Page (optional)		<u></u>	100000
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	_
A.	Full Name (Last, First, Middle Initial) Robert Copeland Mailing Address 2041 Georgia Avenue	NI. dl	-	Date of Receipt
	Mailing Address 2041 Georgia Avenue	Northwest 1	owe	04 15 2008
	City	State	Zip Code	Transaction ID: 8UJBD1151074
	Washington	DC	20060-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) John Dagianis			Date of Receipt
	Mailing Address 5 Coliseum Avenue			04 03 7 2008
	City	State	Zip Code	Transaction ID: B3J7QJ608784
	<u>Nashua</u>	NH	03063-3206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
C.	Full Name (Last, First, Middle Initial) John Dagianis	•		Date of Receipt
	Mailing Address 5 Coliseum Avenue			04 / 15 / 2008
	City	State NH	Zip Code	Transaction ID: 8UJBD2083572
	Nashua FEC ID number of contributing federal political committee.	С	03063-3206	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:	, ' ' ' 	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
	SUBTOTAL of Receipts This Page (optional)	1		2000.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per- the name and address of any political committee ogy Inc Political Committee (OPHTHPAC)	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Susan Day Mailing Address Suite 100 2340 Clay Street City San Francisco FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	State Zip Code CA 94115-1932 C Occupation Ophthalmologist Aggregate Year-to-Date ▼	Date of Receipt O 4 1 4 2 0 0 8 Transaction ID: 5ATTNY325476 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
Other (specify) ▼ Full Name (Last, First, Middle Initial) Robert Deitch Mailing Address 3583 Brumley Way	500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Carmel FEC ID number of contributing federal political committee. Name of Employer self Receipt For:	State Zip Code IN 46033 C Occupation Ophthalmologist Aggregate Year-to-Date ▼	Transaction ID: ABC77116-8941-4754- Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Hardeep Dhindsa	350.00	Date of Receipt
Mailing Address 1102 Happy Valley City Reno FEC ID number of contributing	State Zip Code NV 89511-1048	Transaction ID: 27e0ceb3adfb9dbef76 Amount of Each Receipt this Period 500.00
federal political committee. Name of Employer self Receipt For:	Occupation Ophthalmologist Aggregate Year-to-Date ▼	300.00
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional	500.00	1250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Anna Luisa Di Lorenzo			Date of Receipt
	Mailing Address Suite B 2877 Crooks Road			04 15 2008
	City	State	Zip Code	Transaction ID: 8UJBD1982479
	Troy	MI	48084-4717	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthalr		Balch 1001 - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	1
_	Full Name (Last, First, Middle Initial)	0 0	0 0 0 0 0 0 0	
В.	Anna Luisa Di Lorenzo			Date of Receipt
	Mailing Address Suite B 2877 Crooks Road			04 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Troy	State MI	Zip Code 48084-4717	Transaction ID: 8UJBD2717795
	FEC ID number of contributing federal political committee.	C	40004-4717	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		500.00	
 c.	Full Name (Last, First, Middle Initial) Anna Luisa Di Lorenzo	1		Date of Receipt
	Mailing Address Suite B 2877 Crooks Road			04 15 2008
	City Troy	State MI	Zip Code 48084-4717	Transaction ID: 8UJBD1825978
	FEC ID number of contributing federal political committee.	C	48004-4717	Amount of Each Receipt this Period 125.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General	, ' ' ' 	e Year-to-Date ▼	
	Other (specify)		500.00	1
	SUBTOTAL of Receipts This Page (optional)	•		750.00
	FOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 81 (check only one) X
A	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Paul Dorn			Date of Receipt
	Mailing Address Suite 207 4467 Old Branch Ave	nue		04 15 2008
	City	State	Zip Code	Transaction ID: 8UJBAF533298
	Temple Hills	MD	20748-1854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 465.00	
_	Full Name (Last, First, Middle Initial) Mark Doubrava			Date of Receipt
	Mailing Address Suite 101 9011 W Sahara Aven	ue		0 4
	City	State	Zip Code	Transaction ID: 8UJBD1403467
	Las Vegas	NV	89117-4801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	365.00	
	Full Name (Last, First, Middle Initial) Jane Edmond			Date of Receipt
	Mailing Address 6610 Auden Street			04 14 2008
	City	State	Zip Code	Transaction ID: 5ATTNY757444
	Houston	TX	77005-4304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00 Batch Tool - PAC
	Name of Employer self	Occupatio Ophthalr	mologist	Daton 1001 - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional).	1		1095.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 81 (check only one) X 11a 11b 11c 12 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to y Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) William Ehlers Mailing Address 125 Secret Lake Rd City Avon FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code CT 06001-3465 C Occupation Ophthalmologist Aggregate Year-to-Date 250.00	Date of Receipt M M 2 2 2 0 0 8
Full Name (Last, First, Middle Initial) Daniel Eichenbaum Mailing Address 1321 W US Highway PO Box 39 City Murphy FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code NC 28906-3361 C Occupation Ophthalmologist Aggregate Year-to-Date 475.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Francesann Ford Mailing Address 3920 Livingston Stree City Hyattsville FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code MD 20781-1739 C Occupation Ophthalmologist Aggregate Year-to-Date 365.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		715.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 81 (check only one) X 11a 11b 11c 12 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to by Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Laura Fox Mailing Address 416 N. Bedford Dr. # City Beverly Hills FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code CA 90210 C Occupation Ophthalmologist Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Raul Franceschi Mailing Address 29 Calle Washington Ste 707 City San Juan FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code PR 00907-1503 C Occupation Ophthalmologist Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M 22
Full Name (Last, First, Middle Initial) Steve Friedlander Mailing Address 610 Sierra Rose Driv City Reno FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	e State Zip Code NV 89511-2072 C Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	Date of Receipt 0 4 15 2008 Transaction ID: 8UJBD2767801 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
SUBTOTAL of Receipts This Page (optional)		1750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 81 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Scott Friedman Mailing Address 2202 Lakeland Hills Bo	oulevard		Date of Receipt
	City Lakeland FEC ID number of contributing	State FL	Zip Code 33805-2908	Transaction ID: 3ZKFEW634198 Amount of Each Receipt this Period 365.00
	Receipt For: Primary General Other (consists)	Occupation Ophthalr		Batch Tool - PAC
- В.	Full Name (Last, First, Middle Initial) Michael Gilbert Mailing Address 12301 NE 10th Pl Ste 200	0 0		Date of Receipt 0 4 2 2 2 2 0 0 8
	City Bellevue FEC ID number of contributing federal political committee.	State WA	Zip Code 98005-2487	Transaction ID: 4576a7698b3b93807ce Amount of Each Receipt this Period 250.00
	Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthalm Aggregate		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
- C.	Full Name (Last, First, Middle Initial) Ravi Goel Mailing Address 25 Parnell Drive			Date of Receipt
	City Cherry Hill FEC ID number of contributing	State NJ	Zip Code 08003	Transaction ID: 96921824-18BD-4A2D Amount of Each Receipt this Period
	federal political committee. Name of Employer self	Occupation Ophthalr		500.00
	Receipt For: Primary General Other (specify) ▼	, ' '	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)		······	1115.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to logy Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Karl Golnik Mailing Address 808 elm ave City terrace park FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary Other (specify)	State Zip Code OH 45174 C Occupation Ophthalmologist Aggregate Year-to-Date 500.00	Date of Receipt M M M D D D Z D O S Transaction ID: 827A3DD1-A044-4CE Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Victor Gonzalez Mailing Address 6701 N 25th Stree City McAllen FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	State Zip Code TX 78504-4255 C Occupation Ophthalmologist Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Robert Jay Granadier Mailing Address Wm Beaumont Ho 3535 W 13 Mile Re City Royal Oak FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	Disp Doad Suite 555 State Zip Code MI 48073-6700 C C C C C Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	Date of Receipt M M / D D / Y Y Y Y Y O 4 1 4 2 0 0 8 Transaction ID: 5ATTNY111409 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
SUBTOTAL of Receipts This Page (option	al)	1865.00

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 81 (check only one) X
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and ad	dress of any political committee to	o solicit contributions from such committee.
<u>/</u> A .	Full Name (Last, First, Middle Initial) Erich Groos Mailing Address Cornea Consultants o	f Nashville		Date of Receipt
	2011 Murphy Avenue			04 18 2008
	City	State	Zip Code	Transaction ID: FXYYGP363223
	Nashville FEC ID number of contributing federal political committee.	C	37203	Amount of Each Receipt this Period 1000.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
 B.	Full Name (Last, First, Middle Initial) John Haley Mailing Address Suite B			Date of Receipt
	1626 Forest Lane S			04 15 2008
	City	State	Zip Code	Transaction ID: 8UJBAF364704
	Garland FEC ID number of contributing federal political committee.	C	75042-7943	Amount of Each Receipt this Period
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
 c.	Full Name (Last, First, Middle Initial) James Heltzer			Date of Receipt
	Mailing Address Champlain Ophthalmo 6410 Rockledge Drive	#208	7'. 0. 4.	04 / 15 / 2008
	City Bethesda	State MD	Zip Code 20817	Transaction ID: 8UJBD1467263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20017	365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
				2365.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
∠ А .	Full Name (Last, First, Middle Initial) Bonnie A Henderson			Date of Receipt
	Mailing Address 102 Pegan Lane			04 28 2008
	City <u>Dover</u>	State MA	Zip Code 02030	Transaction ID: C5943A70-6E8A-43D2- Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupation Ophthalr		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) Andrew Henrick	I		Date of Receipt
	Mailing Address 23961 Magdalena Suit	04 06 7 2008		
	City	State	Zip Code	Transaction ID: 4f19b08ecc513ddeb812
	Laguna Hills FEC ID number of contributing federal political committee.	CA	92653	Amount of Each Receipt this Period 125.00
	Name of Employer self	Occupation Ophthalr		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
- С.	Full Name (Last, First, Middle Initial) Edward Holland	1		Date of Receipt
	Mailing Address 10794 Saunders Lane			0 4 1 5 2 0 0 8
	City	State	Zip Code	Transaction ID: 8UJBD1176653
	Union FEC ID number of contributing federal political committee.	C	41091-8030	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			875.00
f	TOTAL This Period (last page this line number		<u> </u>	

A. GA	Information copied from such Reports and commercial purposes, other than using the AME OF COMMITTEE (In Full) Immerican Academy of Ophthalmologual Name (Last, First, Middle Initial) Baker Hubbard Iailing Address Suite B3409 1365B Clifton Road Name EC ID number of contributing ideral political committee. Immediately ame of Employer elf eceipt For: Primary General Other (specify)	Northeast State GA Occupation Ophthaln	Zip Code 30322-0001	Date of Receipt Date of Receipt
A. G. M. C. A. F. fe	ull Name (Last, First, Middle Initial) Baker Hubbard lailing Address Suite B3409 1365B Clifton Road Nity Itlanta EC ID number of contributing lideral political committee. ame of Employer elf eceipt For: Primary General	Northeast State GA C Occupation Ophthaln	Zip Code 30322-0001	Transaction ID: 8UJBD1862093 Amount of Each Receipt this Period 500.00
A. GM	Baker Hubbard ailing Address Suite B3409 1365B Clifton Road Note that the suite B3409 ity atlanta EC ID number of contributing deral political committee. ame of Employer elf ecceipt For: Primary General	State GA C Occupation Ophthaln	30322-0001 n nologist	Transaction ID: 8UJBD1862093 Amount of Each Receipt this Period 500.00
F fe	ity ity itlanta EC ID number of contributing ideral political committee. ame of Employer elf ecceipt For: Primary General	State GA C Occupation Ophthaln	30322-0001 n nologist	Transaction ID: 8UJBD1862093 Amount of Each Receipt this Period 500.00
<u>A</u> F f∈ N s	ity tlanta EC ID number of contributing ideral political committee. ame of Employer elf ecceipt For: Primary General	State GA C Occupation Ophthaln	30322-0001 n nologist	Amount of Each Receipt this Period 500.00
F f€ N s	EC ID number of contributing ideral political committee. ame of Employer elf eceipt For: Primary General	Occupatio Ophthaln	n nologist	500.00
fe N s	ame of Employer elf eceipt For: Primary General	Occupation Ophthaln	nologist	
s _	eceipt For: Primary General	Ophthaln	nologist	Batch Tool - PAC
B	Primary General	Aggregate	Vear-to-Date ▼	
			500.00	
	ull Name (Last, First, Middle Initial) Baker Hubbard			Date of Receipt
_	ailing Address Suite B3409 1365B Clifton Road N	04 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	ity	Transaction ID: 8UJBD1745069		
F	Atlanta GA FEC ID number of contributing federal political committee.		30322-0001	Amount of Each Receipt this Period 500.00
N s	ame of Employer elf	Occupation Ophthaln		Batch Tool - PAC
R	eceipt For: Primary General Other (specify) ▼	-, ' '	Year-to-Date ▼ 500.00	
	ull Name (Last, First, Middle Initial) lark Hughes			Date of Receipt
N	ailing Address Suite 600 50 Staniford Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity	State	Zip Code	Transaction ID: 4d60a4546caedb2accc
F	Soston EC ID number of contributing sideral political committee.	C	02114-2539	Amount of Each Receipt this Period 416.66
N s	ame of Employer elf	Occupation Ophthaln		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
R	eceipt For: Primary General Other (specify) ▼	-, ' '	e Year-to-Date ▼ 416.66	
SUF	BTOTAL of Receipts This Page (optional)	1		1416.66

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for	nformation copied from such Reports and Si commercial purposes, other than using the AME OF COMMITTEE (In Full) merican Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
A. Je Mi	orpus Christi EC ID number of contributing deral political committee.	State TX	Zip Code 78411-2752	Date of Receipt M M M D D D Z D O 8 Transaction ID: 407a81fecbd3d326d58 Amount of Each Receipt this Period 1000.00 PACWEB RECURRING CC PAYME-
se 	ame of Employer eceipt For: Primary General Other (specify) ▼	Occupation Ophthalm Aggregate		NT APPROVED AND SETTLED
3. Ro Ma Ci <u>Ki</u>	ingston	State NY	Zip Code 12401-2966	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
fee Na se	eceipt For: Primary Other (specify)	Occupation Ophthalm Aggregate		Batch Tool - PAC
. <u>B</u> M: Ci <u>B</u>	ull Name (Last, First, Middle Initial) Hutchinson ailing Address Suite 600 50 Staniford Street ty oston EC ID number of contributing deral political committee.	State MA	Zip Code 02114-2539	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
se —	ame of Employer elf eceipt For: Primary General Other (specify) ▼	Occupation Ophthalm Aggregate		Batch Tool - PAC
SUB	TOTAL of Receipts This Page (optional)			2365.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Stephen Hwang Mailing Address 3501 E Carol Avenue City Phoenix FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State AZ C Occupatio Ophthalr Aggregate		Date of Receipt M M 23 2008 Transaction ID: 1PQVFD189552 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
В.	Full Name (Last, First, Middle Initial) Allan Jensen Mailing Address Suite 426 200 E 33rd Street City Baltimore FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State MD C Occupatio Ophthalr Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ C.	Full Name (Last, First, Middle Initial) Johanna Jensen Mailing Address 1615 12th Ave Rd Ste A City Nampa FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State ID C Occupatio Ophthalr Aggregate		Date of Receipt M M
	SUBTOTAL of Receipts This Page (optional)			1615.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 81 (check only one) X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	/ Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Peter Jensen			Date of Receipt
	Mailing Address Suite A 1615 12th Avenue Roa	ad		04 15 2008
	City	State	Zip Code	Transaction ID: 8UJBD1436549
	Nampa	ID	83686-6184	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
_	Full Name (Last, First, Middle Initial) Peter Jensen	ļ		Date of Receipt
	Mailing Address Suite A 1615 12th Avenue Roa	0 4 D D / Y Y Y Y Y Y Y 1 5 2 0 0 8		
	City	Zip Code	Transaction ID: 8UJBD1248140	
	Nampa	<u>ID</u>	83686-6184	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date	_
	Primary General Other (specify) ▼		365.00	
	Full Name (Last, First, Middle Initial) Thomas Edward Johnson			Date of Receipt
	Mailing Address 900 North West 17th	Street		04 15 7 2008
	City	State	Zip Code	Transaction ID: 8UJBAF820370
	<u>Miami</u>	FL	33136-1119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupatio Ophthalr	mologist	Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		365.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		1095.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(Crieck only one)
or f	or commercial purposes, other than using th	Statements may not be sold or used by any e name and address of any political commi	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
- I \	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	y Inc Political Committee (OPHTHP	AC)
•	Full Name (Last, First, Middle Initial) Leslie Jones		Date of Receipt
	Mailing Address Suite 2100 2041 Georgia Avenue	0 4 1 5 2 0 0 8	
	City	State Zip Code	Transaction ID: 8UJBD1610529
	Washington	DC 20060-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00
	Full Name (Last, First, Middle Initial) Leslie Jones		Date of Receipt
	Mailing Address Suite 2100 2041 Georgia Avenue	04 15 2008	
	City	State Zip Code	Transaction ID: 8UJBD1805125
	Washington	DC 20060-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.0	00 "
	Full Name (Last, First, Middle Initial) Peter Judson		Date of Receipt
	Mailing Address Retina Consultants P 43 Woodland Street/0		04 02 7 2008
	City	State Zip Code	Transaction ID: 7IZ0SA783666
	Hartford	CT 06105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.0	00
			2250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 81 (check only one) X 11a
Ai	ny information copied from such Reports and for commercial purposes, other than using the	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)	
∠_ A.	Full Name (Last, First, Middle Initial) Lawrence Kahn			Date of Receipt
	Mailing Address 2450 E Guadalupe #		-	04 17 2008
	City Gilbert	State AZ	Zip Code 85234	Transaction ID: 50738AD2-2DF4-461D Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupatio Ophthalr		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Alex Keller			Date of Receipt
	Mailing Address 1010 Prince Avenue	04 15 2008		
	City	State	Zip Code	Transaction ID: 8UJBD1863710
	Athens	GA	30606-5805	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00 Batch Tool - PAC
	Name of Employer self	Occupatio Ophthalr		Batch 1001-1 AC
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
 c.	Full Name (Last, First, Middle Initial) John Kennedy			Date of Receipt
	Mailing Address 1675 Providence Ave	nue		04 30 7 2008
	City	State	Zip Code	Transaction ID: 45f5bf6f613132feda3f
	Schenectady FEC ID number of contributing federal political committee.	C	12309-3919	Amount of Each Receipt this Period 125.00
	Name of Employer self	Occupatio Ophthalr		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
s	SUBTOTAL of Receipts This Page (optional)			1625.00
T	OTAL This Period (last page this line number	er only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 81 (check only one) X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	y Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Diane Jean Kraus			Date of Receipt
	Mailing Address PO Box 4142			04 14 2008
	City	State	Zip Code	Transaction ID: 5ATTMD318238
	Kingston	NY	12402-4142	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
_	Full Name (Last, First, Middle Initial) Stephen Lane			Date of Receipt
	Mailing Address Suite 840 280 Smith Avenue N			0 4 1 5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 8UJB8I445277
	St. Paul	MN	55102-2454	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
	Full Name (Last, First, Middle Initial) Mitchel Lautenberg			Date of Receipt
	Mailing Address Ocean Eye Institute 601 Route 37 W			04 23 2008
	City	State	Zip Code	Transaction ID: 1PQVFD837178
	Toms River	NJ	08755	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00 Batch Tool - PAC
	Name of Employer self	Occupatio Ophthalr		Dalcii 1001 - FAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
				1865.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 81 (check only one) X
,	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Political	Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Mark Stephen Law			Date of Receipt
	Mailing Address 1371 West Main Stree	04 21 4 2008		
	City Newark	State OH	Zip Code 43055-3681	Transaction ID: 8TTAH7256039
	FEC ID number of contributing federal political committee.	C	45055-5001	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupation Ophthalm		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00	
– В.	Full Name (Last, First, Middle Initial) Richard Lee			Date of Receipt
	Mailing Address Suite 201 491 30th Street	04 15 2008		
	City	State	Zip Code	Transaction ID: 8UJBAF667272
	Oakland	CA	94609-3235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			1000.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthalm		Daton 1001-1 AC
	Receipt For:	, ' · · · · · · · · · · · · · · · · · ·	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
С. С.	Full Name (Last, First, Middle Initial) Andrew Levada			Date of Receipt
	Mailing Address Suite 100 1201 W Main Street	04 03 7 2008		
	City	State	Zip Code	Transaction ID: B3J7QJ185052
	Waterbury FEC ID number of contributing federal political committee.	CT	06708-3105	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupation Ophthalm		Batch Tool - PAC
	Receipt For: Primary General	, ' ' ' 	Year-to-Date ▼	1
	Other (specify) ▼	0 0	365.00	
	SUBTOTAL of Receipts This Page (optional)	1		1730.00
	TOTAL This Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Robert Lytle Mailing Address Suite 5 51 Main Street City Hyannis FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State MA C Occupation Ophthalm Aggregate		Date of Receipt M M M 21 2008 Transaction ID: 8TTA8S823557 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
В.	Full Name (Last, First, Middle Initial) Robert Lytle Mailing Address 51 Main St Ste 5 City Hyannis FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State MA C Occupation Ophthalm Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) Sid Mandelbaum Mailing Address 178 East 71st Street City New York FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State NY C Occupation Ophthalm Aggregate		Date of Receipt M M M / D D D / Y Y Y Y Y 0 4 1 5 2 0 0 8 Transaction ID: 8UJBD1068954 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number		<u> </u>	1125.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 81 (check only one) X 11a
A or	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Sid Mandelbaum			Date of Receipt
	Mailing Address 178 East 71st Street	04 15 2008		
	City	State	Zip Code	Transaction ID: 8UJBD1176667
	New York	NY	10021-5131	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Mark Christophe Maria			Date of Receipt
•	Mailing Address 150 Quail Lane	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 8UJBD1142173
	Lebanon	PA	17042-9403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Mark Christophe Maria	<u> </u>		Date of Receipt
	Mailing Address 150 Quail Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 8UJBD1846528
	Lebanon	PA	17042-9403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
Г		1		1500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Ai or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Stephanie Jones Marioneaux			Date of Receipt
	Mailing Address Suite 108 300 Med Parkway			04 15 2008
	City Chesapeake	State VA	Zip Code 23320	Transaction ID: 8UJBD1310584
	FEC ID number of contributing federal political committee.	C	25520	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Stephanie Jones Marioneaux	1		Date of Receipt
	Mailing Address Suite 108 300 Med Parkway			0 4
	City	State	Zip Code	Transaction ID: 8UJBD1474261
	Chesapeake	VA	23320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Connie McCaa	1		Date of Receipt
	Mailing Address Suite 656 971 Lakeland Drive			04 14 2008
	City Jackson	State MS	Zip Code	Transaction ID: 5ATTNY206617
	FEC ID number of contributing federal political committee.	C	39216-4608	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional).			1500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 81 (check only one) X
A oı	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	/ Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Tyrone McCall			Date of Receipt
	Mailing Address Suite 600 7150 Greenville Avenu	10		0 4 1 5 2 0 0 8
	City	State	Zip Code	Transaction ID: 8UJBD1184036
	Dallas	TX	75231-5187	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Tyrone McCall			Date of Receipt
	Mailing Address Suite 600 7150 Greenville Avenu	ıe		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 8UJBD1643114
	Dallas	TX	75231-5187	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)	0 0	500.00	
	Full Name (Last, First, Middle Initial) Gregory McCormick			Date of Receipt
	Mailing Address 180 Magee Hill			04 15 2008
	City	State	Zip Code	Transaction ID: 8UJBAF214889
	Hinesburg	VT	05461-3163	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupatio Ophthalr	mologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			1365.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 81 (check only one) X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	/ Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) M Lisa McHam			Date of Receipt
	Mailing Address 2110 Dorchester Aven	iue		04 15 2008
	City	State	Zip Code	Transaction ID: 8UJBD1925544
	Boston	MA	02124-5628	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Lynn McMahan			Date of Receipt
	Mailing Address 1420 S 28th Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 5ATTMD413372
	Hattiesburg	MS	39402-3107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
_	Full Name (Last, First, Middle Initial) Robert Melendez			Date of Receipt
	Mailing Address 735 Grey Hawk Drive	Northeast		0 4 D D / Y Y Y Y Y Y 1 1 5 2 0 0 8
	City	State	Zip Code	Transaction ID: 8UJBD2940714
	Rio Rancho	NM	87144-4709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00 Batch Tool - PAC
	Name of Employer self	Occupatio Ophthalr	mologist	Daton 1001 - FAC
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		365.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		1865.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A C	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any person name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	y Inc Political Committee (OPHTHPAC)	
. ∠ \.	Full Name (Last, First, Middle Initial) Shahzad Mian		Date of Receipt
	Mailing Address 1000 Wall Street		04 15 2008
	City Ann Arbor	State Zip Code MI 48105-1912	Transaction ID: 8UJBAF130235
	FEC ID number of contributing federal political committee.	MI 48105-1912	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) William Mieler		Date of Receipt
	Mailing Address Department of Ophth 5841 S Maryland Ave		04 15 2008
	Chinaga	State Zip Code	Transaction ID: 8UJBAF838365
	Chicago FEC ID number of contributing federal political committee.	IL 60637-1447	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
_ ;.	Full Name (Last, First, Middle Initial) Michael Edward Migliori	.1	Date of Receipt
	Mailing Address Suite 301 120 Dudley Street		04 04 2008
	City Providence	State Zip Code RI 02905-2429	Transaction ID: 457cb3c6e92efa50224 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
			1250.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 11		
, C	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	American Academy of Ophthalmology	Inc Political	Committee (OPHTHPAC)			
۱.	Full Name (Last, First, Middle Initial) Aaron Miller			Date of Receipt		
	Mailing Address Suite 4 13414 Medical Comple	y Drive		04 03 2008		
	City	State	Zip Code	Transaction ID: B3J7QJ244346		
	Tomball	TX	77375-3333	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.00		
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 200.00			
_ 3.	Full Name (Last, First, Middle Initial) Eydie Miller			Date of Receipt		
	Mailing Address Scheie Eye Inst 51 North 39th Street			04 14 2008		
	City	State	Zip Code	Transaction ID: 5ATTMD722563		
	Philadelphia	PA	19104	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		365.00 Batch Tool - PAC		
	Name of Employer self	Occupation Ophthaln		Batti 1001 - FAC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00			
. –	Full Name (Last, First, Middle Initial) Basil Morgan			Date of Receipt		
	Mailing Address Suite 100 4324 York Road			04 15 2008		
	City	State	Zip Code	Transaction ID: 8UJBD2557518		
	Baltimore FEC ID number of contributing federal political committee.	MD C	21212-4800	Amount of Each Receipt this Period 500.00		
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC		
	Receipt For:		Year-to-Date ▼	7		
	Primary General Other (specify) ▼		500.00			
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		915.00		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A oi	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	/ Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) David Morimoto			Date of Receipt
	Mailing Address PO Box 2937 219 N Hammes Avenu	ıe		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: B3J7QJ642814
	<u>Joliet</u>	<u>IL</u>	60434-2937	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:	- ' 	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) Asa Dan Morton			Date of Receipt
	Mailing Address 3606 Jennings Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 8UJBD1814080
	San Diego	CA	92106-2847	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:	. ' ' ' 	e Year-to-Date V	
	Primary General Other (specify) ▼		365.00	
	Full Name (Last, First, Middle Initial) Ronald Lee Morton			Date of Receipt
	Mailing Address 1001 Tower Way Suite	e 150		0 4 1 5 2 0 0 8
	City	State	Zip Code	Transaction ID: 8UJBAF195656
	Bakersfield	CA	93309-1586	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional)			1365.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 81 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Statements may not be sold or used by any persecutive name and address of any political committee to y Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Alan Moss Mailing Address 1 knollwood drive City worcester FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code MA 01609 C Occupation Ophthalmologist Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y O 4 2 4 2 0 0 8 Transaction ID: 2EC17C9B-A12F-44C2 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Kenneth Musson Mailing Address 9680 Peninsula Dr. City Traverse City FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code MI 49686 C Occupation Ophthalmologist Aggregate Year-to-Date 300.00	Date of Receipt M M M 26 26 2008 Transaction ID: E91BD4D0-8AD0-4AB Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) C Blake Myers Mailing Address 601 Halton Road City Greenville FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code SC 29607-3403 C Occupation Ophthalmologist Aggregate Year-to-Date 365.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		915.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for De	e separate schedule(s) each category of the stailed Summary Page	FOR LINE NUMBER: PAGE 44 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and address of	of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jerry Neuwirth Mailing Address Suite 822 85 Seymour Street City Hartford FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)			Date of Receipt M M M O 2 2008 Transaction ID: 7IZ0SA205027 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
Full Name (Last, First, Middle Initial) Catherine Newton Mailing Address Suite 170 6420 Dutchmans Park City Louisville FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Z		Date of Receipt M M
Full Name (Last, First, Middle Initial) Jarl Nielsen Mailing Address 610 Sierra Rose Drive City Reno FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Z		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			1015.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 81 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Peter Nussbaum Mailing Address 22 Old Short Hills Roa	ad Suite 104 State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Livingston FEC ID number of contributing federal political committee.	NJ C	07039-5605	Amount of Each Receipt this Period 500.00 Batch Tool - PAC
Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthaln Aggregate		
Full Name (Last, First, Middle Initial) Peter Nussbaum Mailing Address 22 Old Short Hills Roa	ad Suite 104		Date of Receipt 0 4 1 5 2 0 0 8
City	State	Zip Code	Transaction ID: 8UJBD1423111
Livingston FEC ID number of contributing	NJ C	07039-5605	Amount of Each Receipt this Period 500.00
federal political committee. Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	- ' ' '	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Evelyn Paysse			Date of Receipt
Mailing Address 6621 Fannin Street Mc 640.00			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Houston	State TX	Zip Code 77030	Transaction ID: 5ATTMD377806 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	77000	500.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	•		1500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 81 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	y Inc Politica	I Committee (OPHTHPAC)	
۸.	Full Name (Last, First, Middle Initial) William Penland			Date of Receipt
	Mailing Address the Eye Group of Sou 1020 West Buena Vis		a	04 14 2008
	City Evansville	State IN	Zip Code 47710	Transaction ID: 5ATTMD778968
	FEC ID number of contributing federal political committee.	C	47710	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Lan Phuong Pham			Date of Receipt
	Mailing Address 16 Nottingham Way			0 4 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: BFB33915-45C4-4562
	Mahopac	NY	10541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupation Ophthalr		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00]
_	Full Name (Last, First, Middle Initial) David Plager			Date of Receipt
	Mailing Address 702 Rotary Circle			0 4 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State IN	Zip Code	Transaction ID: 2D3B2147-3502-4072
	Indianapolis FEC ID number of contributing federal political committee.	C	46202	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthalr		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 81 (check only one) X 11a
A OI	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	/ Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) George Plechaty			Date of Receipt
	Mailing Address Office Building 1380 Lusitana Street			0 4 1 5 2 0 0 8
	City	State	Zip Code	Transaction ID: 8UJB8I582586
	<u>Honolulu</u>	HI	96813-2449	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
_	Full Name (Last, First, Middle Initial) Michael Price			Date of Receipt
	Mailing Address 578 Main Street			0 4 1 5 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 8UJBAF776589
	Malden	MA	02148-3900	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Arnold Prywes			Date of Receipt
	Mailing Address 4212 Hempstead Turn	pike		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 8UJBD1922318
	Bethpage	NY	11714-5723	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupatio Ophthalr	mologist	Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		365.00	
Г	SUBTOTAL of Receipts This Page (optional)	ı		1230.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 81 (check only one) X
A	Any information copied from such Reports and or for commercial purposes, other than using th	Statements mane name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	gy Inc Politica	I Committee (OPHTHPAC)	
۷.	Full Name (Last, First, Middle Initial) Arnold Prywes			Date of Receipt
	Mailing Address 4212 Hempstead Tur	rnpike		04 15 2008
	City Bethpage	State NY	Zip Code 11714-5723	Transaction ID: 8UJBD1597781 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
_ s.	Full Name (Last, First, Middle Initial) Michael Raizman			Date of Receipt
	Mailing Address 49 Windsor Rd.			04 30 YYYYY 2008
	City	State	Zip Code	Transaction ID: 41B78060-32AE-4716
	Wellesley	MA	02481	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupatio Ophthalr		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) Ashok Reddy			Date of Receipt
	Mailing Address Apt. 3925 6100 Cortaderia Stre	et Northeast		04 15 2008
	City Albuguerque	State NM	Zip Code 87111-8012	Transaction ID: 8UJBD1156187 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	07111 0012	500.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
				1365.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee t	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) David Ringel Mailing Address 101 A Kings Way Wes	st		Date of Receipt 0 4 1 5 2 0 0 8
	City Sewell	State NJ	Zip Code 08080-2233	Transaction ID: 8UJBD1588202 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self Receipt For: Primary General	Occupation Ophthalm Aggregate		Batch Tool - PAC
_	Other (specify) ▼	0 0	500.00	
З.	Full Name (Last, First, Middle Initial) David Ringel Mailing Address 101 A Kings Way Wes	st		Date of Receipt 0 4 1 5 2 0 0 8
	City	State	Zip Code	Transaction ID: 8UJBD1532145
	Sewell FEC ID number of contributing federal political committee.	NJ C	08080-2233	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ C.	Full Name (Last, First, Middle Initial) Philip Rizzuto			Date of Receipt
	Mailing Address Suite 301 120 Dudley Street			04 / 15 / 2008
	City Providence	State RI	Zip Code 02905-2429	Transaction ID: 8UJBD1882091 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02000 2-720	365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)	1		1365.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	/ Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) John Denis Roarty			Date of Receipt
	Mailing Address Childrens Hosp-Depart 3901 Beaubien	tment of Op	hth	04 15 2008
	City	State	Zip Code	Transaction ID: 8UJBD1345177
	Detroit	MI	48201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
_	Full Name (Last, First, Middle Initial) John Denis Roarty	<u> </u>		Date of Receipt
	Mailing Address Childrens Hosp-Depart 3901 Beaubien	tment of Op	hth	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 8UJBD1194225
	Detroit	MI	48201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
_	Full Name (Last, First, Middle Initial) Joy Dixon Robinson			Date of Receipt
	Mailing Address 23 Castle Haven Road	t		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 5ATTNY249636
	Hampton	VA	23666-6032	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date	_
	Primary General Other (specify) ▼		365.00	
Γ		1		1095.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 81 (check only one) X
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Michael Ruddat			Date of Receipt
	Mailing Address Suite 822 85 Seymour Street			$\begin{bmatrix} & M & M & / & D & D & / & Y & Y & Y & Y \\ 0 & 4 & & 0 & 2 & & 2 & 0 & 0 & 8 \end{bmatrix}$
	City	State	Zip Code	Transaction ID: 7IZ0SA331328
	Hartford	CT	06106-5527	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ 3.	Full Name (Last, First, Middle Initial) Delia Sang			Date of Receipt
	Mailing Address 73 Chatham Street			04 / 11 / 2008
	City	State	Zip Code	Transaction ID: 40f1ab73fe532eae19d7
	Brookline	MA	02446-5451	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.66
	Name of Employer self	Occupation Ophthalr		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		416.66	
_).	Full Name (Last, First, Middle Initial) Scott Schaefer			Date of Receipt
	Mailing Address 3971 Princeton Avenu			04 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City St. Louis Bark	State	Zip Code	Transaction ID: 8UJBD1361067
	St. Louis Park	MN	55416-3018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthalr	mologist	Balcii 100i - FAC
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		365.00	
Γ	SUBTOTAL of Receipts This Page (optional) .			1281.66

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	/ Inc Politica	I Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Gary Schemmer Mailing Address Suite 200			Date of Receipt
	215 1st St. N			04 14 2008
	City	State	Zip Code	Transaction ID: 5ATTMD455352
	Winter Haven	FL	33881-4507	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
– В.	Full Name (Last, First, Middle Initial) Richard Shugarman			Date of Receipt
	Mailing Address 400 N. Flagler Drive #	1001		04 15 2008
	City	State	Zip Code	Transaction ID: 0E481835-B487-4842-
	West Palm Beach	FL	33401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthalr		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
С.	Full Name (Last, First, Middle Initial) Richard Shugarman			Date of Receipt
	Mailing Address Suite 1001 400 N Flagler Drive			04 15 2008
	City West Palm Beach	State FL	Zip Code 33401-4302	Transaction ID: 8UJBAF714214 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33401-4302	1000.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	, ' ' ' 	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			2365.00
t	TOTAL This Period (last page this line number	only)		

ITEM	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for co	ormation copied from such Reports and Statemercial purposes, other than using the range of COMMITTEE (In Full) erican Academy of Ophthalmology I	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. R M Mail City Okl FEC fede Nam self	Name (Last, First, Middle Initial) ichael Siatkowski ing Address 1706 Drakestone Ave ahoma city ID number of contributing ral political committee. ne of Employer eipt For: Primary General Other (specify)	State OK C Occupatio Ophthalr Aggregate		Date of Receipt M M M O 5 2008 Transaction ID: 7EB37632-3A5F-4C5A Amount of Each Receipt this Period 250.00
B. Brya Mail City Kirk FEC fede Nam self	Name (Last, First, Middle Initial) in Sires ing Address Suite 301 625 4th Avenue kland CID number of contributing ral political committee. ne of Employer eipt For: Primary Other (specify)	State WA C Occupatio Ophthalr Aggregate		Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C. Greç Mail City Okl FEC fede Nam self	Name (Last, First, Middle Initial) gory Skuta ing Address 608 Stanton L Young Br ahoma City Did Did Initial Committee. The of Employer eipt For: Primary General Other (specify)	State OK C Occupatio Ophthalr		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBT	OTAL of Receipts This Page (optional)			865.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 81 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and addre	ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jennifer Smith Mailing Address 2238 Pinehurst Drive City Glenview FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State IL C Occupation Ophthalmo Aggregate Ye	Zip Code 60025-2856 logist ear-to-Date ▼	Date of Receipt M M D D C C C C
Full Name (Last, First, Middle Initial) Samuel Solish Mailing Address 53 Sewall Street City Portland FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State ME C Occupation Ophthalmo Aggregate Ye	Zip Code 04102-2625 logist ear-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 0 4 15 2 0 0 8 Transaction ID: 8UJBAF111437 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
Full Name (Last, First, Middle Initial) James Sprague Mailing Address Suite 710 5272 River Road City Bethesda FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State MD C Occupation Ophthalmol Aggregate Ye	Zip Code 20816-1476 logist ear-to-Date ▼ 500.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 5ATTNY682481 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
SUBTOTAL of Receipts This Page (optional)			1365.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 81 (check only one) X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	y Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Derek Sprunger			Date of Receipt
	Mailing Address Midwest Eye Inst 201 Pennsylvania Par	·kway		04 15 2008
	City	State IN	Zip Code	Transaction ID: 8UJBAF675312
	Indianapolis FEC ID number of contributing federal political committee.	C	46280-1381	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	- ' 	e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) John Stechschulte			Date of Receipt
	Mailing Address Suite 320 262 Neil Avenue			0 4 D D / Y Y Y Y Y Y 1 1 5 2 0 0 8
	City	State	Zip Code	Transaction ID: 8UJBD1781105
	Columbus FEC ID number of contributing federal political committee.	OH C	43215-7311	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupation		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Thomas Steinemann			Date of Receipt
	Mailing Address 2703 Cranlyn Road			0 4 1 5 2 0 0 8
	City	State	Zip Code	Transaction ID: 8UJBD1874555
	Shaker Heights FEC ID number of contributing federal political committee.	C	44122-2003	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	_ ' ' '	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional).	1		1095.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 81 (check only one) X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	/ Inc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Marion Joseph Stoj			Date of Receipt
	Mailing Address 43 Woodland Street			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 7IZ0SA773364
	<u>Hartford</u>	CT	06105-2363	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Thomas Strinden			Date of Receipt
	Mailing Address PO Box 9645			0 4 D D / Y Y Y Y Y Y 1 1 5 2 0 0 8
	City	State	Zip Code	Transaction ID: 8UJBD2615447
	Fargo	ND	58106-9645	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		365.00	
_	Full Name (Last, First, Middle Initial) Michael Sulewski			Date of Receipt
	Mailing Address Scheie Eye Instit 51 N 39th Street			04 14 2008
	City <u>Philadelphia</u>	State PA	Zip Code	Transaction ID: 5ATTMD507435
	FEC ID number of contributing federal political committee.	C	19104	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:	, ' ' ' 	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		1230.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology			on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Steven Swedberg Mailing Address 6914 57th Ave NE City	State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	Seattle FEC ID number of contributing federal political committee.	C	98115	Amount of Each Receipt this Period 500.00
	Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthalr Aggregate		
В.	Full Name (Last, First, Middle Initial) Andrew Tharp Mailing Address 4233 Gateway Boulev	ard		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Newburgh	State IN	Zip Code 47630-8900	Transaction ID: 8UJBD2201322 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer self	Occupation		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Ophthalr Aggregate	mologist e Year-to-Date ▼ 365.00]
С. С.	Full Name (Last, First, Middle Initial) Robert Tibolt Mailing Address 655 Medical Center Di	N.		Date of Receipt
	Mailing Address 655 Medical Center D City Salem	State	Zip Code 97301	Transaction ID: 2E32B56F-8F8C-49AC- Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	37307	1000.00
	Name of Employer self	Occupation Ophthalr	mologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			1865.00
	TOTAL This Period (last page this line number	· only)		

A. Full Lind Maili City St. FEC fede Record Maili City St. FEC fede	ommercial purposes, other than using the ME OF COMMITTEE (In Full) perican Academy of Ophthalmology Name (Last, First, Middle Initial) la Tsai ling Address 520 East Drive Louis CID number of contributing eral political committee. The of Employer	Statements may not be sold or used by any persename and address of any political committee of Inc Political Committee (OPHTHPAC) State Zip Code MO 63130-3801	to solicit contributions from such committee.
A. Full Lind. Maili City St. FEC fede Recc Full Lind Maili City St. FEC fede	Name (Last, First, Middle Initial) la Tsai ling Address 520 East Drive Louis C ID number of contributing eral political committee. ne of Employer	State Zip Code MO 63130-3801	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
A. Lind Maili City St. FEC fede Nam self Recc Lind Maili City St. FEC fede	Louis C ID number of contributing eral political committee. The of Employer	MO 63130-3801	Transaction ID: 8UJBD1013428 Amount of Each Receipt this Period
Full Lind Maili City St. FEC fede	Louis CID number of contributing eral political committee.	MO 63130-3801	Transaction ID: 8UJBD1013428 Amount of Each Receipt this Period
B. Full Lind Maili City St. FEC fede	Louis CID number of contributing eral political committee. The of Employer	MO 63130-3801	Amount of Each Receipt this Period
FEC fede Nam self Reco Lind Maili City St. FEC fede	C ID number of contributing eral political committee.	C	
Full Lind Maili City St. FEC fede	eral political committee.		365.00
Full Lind. Maili City St. FEC fede	ne of Employer		
B. Full Lind Maili City St. FEC fede		Occupation Ophthalmologist	Batch Tool - PAC
B. Lind. Maili City St. FEC fede	eipt For:	Aggregate Year-to-Date ▼	
B. Lind. Maili City St. FEC fede	Primary ☐ General Other (specify) ▼	365.00	
City St. FEC fede	Name (Last, First, Middle Initial) la Tsai		Date of Receipt
St. FEC fede	ing Address 520 East Drive		04 15 2008
FEC fede		State Zip Code	Transaction ID: 8UJBD1653867
fede	Louis	MO 63130-3801	Amount of Each Receipt this Period
Nam	CID number of contributing eral political committee.	C	365.00 Batch Tool - PAC
self	ne of Employer	Occupation Ophthalmologist	Batch 1001 - PAC
Rece	eipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	365.00	
	Name (Last, First, Middle Initial) ffrey Tufty		Date of Receipt
Maili	ing Address 6409 S Mustang Aven	0 4 1 5 2 0 0 8	
City		State Zip Code SD 57108-3120	Transaction ID: 8UJBAF672615
FEC	ux Falls CID number of contributing eral political committee.	SD 57108-3120	Amount of Each Receipt this Period 365.00
	ne of Employer	Occupation Ophthalmologist	Batch Tool - PAC
Rece	eipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	365.00	
SUBTO	· · · · (- ··)/ ▼		L

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 16
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any pene name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	y Inc Political Committee (OPHTHPAC)
	Full Name (Last, First, Middle Initial) Ira Udell		Date of Receipt
	Mailing Address 600 Northern Bouleva		04 / 15 / Y Y Y Y Y
	City Great Neck	State Zip Code NY 11021-5200	Transaction ID: 8UJBD1178487 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	365.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Scott Uttley		Date of Receipt
	Mailing Address 2139 Lower Saint De		04 15 2008
	City	State Zip Code	Transaction ID: 8UJBD2576967
	Saint Paul FEC ID number of contributing federal political committee.	MN 55116-2827	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Woodford Van Meter		Date of Receipt
	Mailing Address Suite 203 1760 Nicholasville Ro		04 14 2008
	City Lexington	State Zip Code KY 40503-1472	Transaction ID: 5ATTNY867629
	FEC ID number of contributing federal political committee.	C 40303-1472	Amount of Each Receipt this Period 5000.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Γ,	SUBTOTAL of Receipts This Page (optional)		5865.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 81 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Alan Wagner Mailing Address 968 FIRST COLONIAL	. RD SUITE	105	Date of Receipt 0 4 0 8 2 0 0 8
	City VIRGINIA BEACH	State VA	Zip Code 23454	Transaction ID: 6CC64770-F7C3-415D- Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer	Occupatio	n	500.00
	Receipt For: Primary Other (specify)	Ophthalr		
- В.	Full Name (Last, First, Middle Initial) Ann Warn Mailing Address Suite 105 3201 W Gore Bouleval	rd		Date of Receipt M
	City Lawton	State OK	Zip Code 73505-6350	Transaction ID: 8UJBAF637653 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupatio Ophthalr	mologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
c. –	Full Name (Last, First, Middle Initial) Robert Welch Mailing Address 1731 Pomerelle			Date of Receipt
	City	State	Zip Code	0 4 2 8 2 0 0 8 Transaction ID: E88EBF3C-F950-4A0E
	Twin Falls FEC ID number of contributing federal political committee.	C	83301	Amount of Each Receipt this Period 400.00
	Name of Employer self	Occupatio Ophthalr		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional)			1400.00
	TOTAL This Period (last page this line number	only)		

	EDULE A (FEC Form 3X) IZED RECEIPTS	FOR LINE NUMBER: PAGE 61 / 81 (check only one) X		
or for co	ormation copied from such Reports and St ommercial purposes, other than using the ME OF COMMITTEE (In Full) erican Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Crai	Name (Last, First, Middle Initial) g Wilkerson ng Address Suite 5 301 Saddle Drive	State MT	Zip Code 59601-8026	Date of Receipt 0 4 1 5 2 0 0 8 Transaction ID: 8UJBD1311831 Amount of Each Receipt this Period
FEC fede	ID number of contributing ral political committee.	Occupation Ophthalm	n	1000.00 Batch Tool - PAC
Rece	eipt For: Primary General Other (specify) ▼	<u> </u>	e Year-to-Date ▼ 1000.00	
3. Crai	Name (Last, First, Middle Initial) g Wilkerson ng Address Suite 5 301 Saddle Drive	State MT	Zip Code 59601-8026	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nam self	ID number of contributing ral political committee. The of Employer seipt For:	Occupation Ophthalm		Batch Tool - PAC
	Primary General Other (specify) ▼ Name (Last, First, Middle Initial) Williams	0 0	1000.00	Date of Receipt
Maili City <u>Wh</u> FEC	ng Address Wheaton Eye Clinic 2015 North Main Street eaton ID number of contributing ral political committee.	State IL	Zip Code 60187	Transaction ID: 5ATTNY373254 Amount of Each Receipt this Period 1000.00
self	eipt For: Primary General Other (specify)	Occupation Ophthaln Aggregate		Batch Tool - PAC
SUBTO	OTAL of Receipts This Page (optional)			3000.00

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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 81 (check only one) X
Any information copied from such Reports and Stor for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Political Committee (OPHTHPAC)	_
Full Name (Last, First, Middle Initial) Lyn Yakubov		Date of Receipt
Mailing Address Eye Care Assoc Inc 10 Dutton Drive	7.0.4	04 25 2008
City	State Zip Code	Transaction ID: 1PQVSQ224662
Youngstown	OH 44502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	<u> </u>	94119.57

A.

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 81 (check only one) 11a 11b 11c 12 13 14 15 16 17
	nd Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Academy of Ophthalmolo	ogy Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A. Mailing Address PO Box 63020 City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
San Francisco FEC ID number of contributing federal political committee.	CA 94163	Amount of Each Receipt this Period 1329.94 Bank Interest 4/08
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 7405.36	Dank Interest 4/00

SUBTOTAL of Receipts This Page (optional)	•	1329.94
TOTAL This Period (last page this line number only)	•	1329.94

В.

age# 28991041515			
SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check onl	22 23 24 25 26
		27	28a 28b 28c 29 30b
Any Information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)	Traine and address of any political		Short contributions from such committee
American Academy of Ophthalmology	Inc Political Committee (OP	PHTHPAC)	
Full Name (Last, First, Middle Initial)			Transaction ID: b9bba4e3a9e8cfb4e21
Wells Fargo Bank N.A.			Date of Disbursement
Mailing Address PO Box 63020			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code		Amount of Each Disbursement this Period
San Francisco	CA 94163		COE E7
Purpose of Disbursement Bank charges 4/08		001	625.57
Candidate Name		Category/ Type	
Office Sought: Senate President State: District:	oursement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.			Transaction ID: 2a08dc8f42a82d48c05 Date of Disbursement
Mailing Address PO Box 63020			04
City San Francisco	State Zip Code CA 94163		Amount of Each Disbursement this Period
Purpose of Disbursement Amex Discount 4/08		001	677.59
Candidate Name		Category/ Type	
Office Sought: House Disl	oursement For:		

General

SUBTOTAL of Disbursements This Page (optional)	•	1303.16
TOTAL This Period (last page this line number only)	<u> </u>	1303.16

Primary

Other (specify)

Senate President

District:

State:

S	CHEDULE B (FEC Form 3X)	Use separate	schedule(s)		E NUMBER:	PAG	iE 65 / 81
IT	EMIZED DISBURSEMENTS	for each categ Detailed Sumr		(check or 21b 27	22 X 23 28a 28		25 29
	y Information copied from such Reports and State for commercial purposes, other than using the na						
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir						
<u></u>	Full Name (Last, First, Middle Initial) Becerra for Congress				Transaction Date of Disbu	ID: 98362-34 ursement	1063357114
	Mailing Address PO Box 261060				0 4 M	^D 29 / Y	2008
	City Los Angeles		Code 026		Amount of Ea	ach Disbursem	
	Purpose of Disbursement Contribution Candidate Name Xavier Becerra			011 Category/	<u> </u>		1000.00
	Office Sought: X House Disbut	sement For: X Primary Other (specify)	2008 General	Туре	_		
	Full Name (Last, First, Middle Initial) Cantor for Congress				Date of Disbu		168764829
	Mailing Address PO Box 17813				0 4 /	D 2 9 / Y	2008
	City Richmond		Code 226		Amount of Ea	ach Disbursem	
	Purpose of Disbursement Contribution Candidate Name Eric I. Cantor			011 Category/ Type			1500.00
	- -	sement For: X Primary Other (specify)	2008 General	·			
	Full Name (Last, First, Middle Initial) Christopher Shays for Congress Commit	tee			Date of Disbu		
	Mailing Address 98 East Avenue Rear E 98 East Avenue Rear E				0 4 M	^D 29 / Y	2008
	City Norwalk		Code 851		Amount of Ea	ach Disbursem	ent this Period
	Purpose of Disbursement Contribution			011	<u> </u>	<u> </u>	1000.00
	Candidate Name Christopher Shays			Category/ Type			
	Senate President	sement For: X Primary Other (specify)	2008 General				
_	State: CT District: 04 UBTOTAL of Disbursements This Page (optional))					3500.00
1	OTAL This Period (last page this line number on	y)	•••••				

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 66 / 81 (check only one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
			any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political Committee (OPHTF	HPAC)
<u> </u>	Full Name (Last, First, Middle Initial) Citizens for Altmire		Transaction ID: 98362-34205263853 Date of Disbursement
	Mailing Address PO Box 1776		04
	City Freedom	State Zip Code PA 15042	Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution		011
	Candidate Name Jason Altmire	l l	ategory/ Type
	Senate President	ement For: 2008 Primary General Other (specify)	
	State: PA District: 04 Full Name (Last, First, Middle Initial) Committee for a Democratic Majority		Transaction ID: 98362-52286928892 Date of Disbursement
	Mailing Address 501 Capitol Court NE Suite 100		04
	City Washington	State Zip Code DC 20002	Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution		011 2500.00
	Candidate Name		ategory/ Type
	Senate	ement For: 2008 Primary General Other (specify)	
	Full Name (Last, First, Middle Initial) Doggett for Us Congress	34.01	Transaction ID: 98362-67042177915 Date of Disbursement
	Mailing Address 1157 San Bernard		04
	City Austin	State Zip Code TX 78702	Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution		011
	Candidate Name Lloyd Doggett		ategory/ Type
	Senate President	ement For: 2008 Primary General Other (specify)	
	State: TX District: 25		

		Use separate schedule(s))K LINE reck only		.п.			FAG	E 6//	01
П _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	\blacksquare	24 28c	25 29	2 3
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	e and address of any politica	al com	nmitt	ee to so							5
<u> </u>	Full Name (Last, First, Middle Initial) Every Republican Is Crucial (Ericpac) Mailing Address 25 East Main Street, Sui	te 200				Date		sburs	: 983 ement		350649 Ž 0 Ŏ 8	
	City Richmond	State Zip Code VA 23219				Amou	ınt of	Each	Disb	ursem	ent this f	Period
	Purpose of Disbursement Contribution Candidate Name			01 ateg Typ	ory/	L.	•				1500.0	0
	Senate	ement For: 2008 Primary General Other (specify) ution	1	. ,,,								
	Full Name (Last, First, Middle Initial) Friends of Gordon Smith Mailing Address 228 S Washington Ste 1	15				Date		sburs	: 983 ement		377749 2 0 0 8	
	City Alexandria Purpose of Disbursement Contribution Candidate Name	State Zip Code VA 22314	C	01 ateg	1 ory/	Amou	int of	Each	i Disb		ent this F 2500.0	
	• 🗎 –	ement For: 2008 Primary General Other (specify)		Тур	e							
	Full Name (Last, First, Middle Initial) Friends of John Barrasso					Date		sburs	ement		777468	
	Mailing Address 6896 Casper Mountain F	load				0 4		2	29	Ľ.	ž 0 ŏ 8	3
	City Casper	State Zip Code WY 82601				Amou	int of	Each	Disb	ursem	ent this f	Period
	Purpose of Disbursement 2008 General Candidate Name John Barrasso			01 ateg Typ	ory/	L.					5000.0	0
		ement For: 2008 Primary X General Other (specify)	<u> </u>	i yp								
	ı						_					0

	CHEDOLE B (FEC FOIII 3X	 Use separate schedule(s)		neck only	: NUMBE v one)	.п.		_ F <i>F</i>	AGE .	68 / 81	<u> </u>
	EMIZED DISBURSEMENTS	Detailed Summary Page		À	21b 27	22 28a	X 23	Bb	24 28c		25 29	
	y Information copied from such Reports and for commercial purposes, other than using t											
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolo	·										
<u>/</u>	Full Name (Last, First, Middle Initial) John Sullivan for Congress Inc						action of Disb			4086	72511	57
	Mailing Address Post Office Box 47	0840				0 ^M 4	M /	29	/ \	Ž () ŏ 8 `	1
	City Tulsa	State Zip Code OK 74147				Amou	int of E	ach Di	sburse	ment	this Pe	erioc
	Purpose of Disbursement 2008 General			01		L.		•		25	00.00	
	Candidate Name John Sullivan	Vishura amost Farr	1	ateg Typ	•							
	Senate President	isbursement For: 2008 Primary X General Other (specify)										
	State: OK District: 01 Full Name (Last, First, Middle Initial)						action			9977	53322	212
	Mailing Address 49 East 92nd Stre	et					of Disb	D 2 9	ent	Ž (o ŏ 8 `	Ý
	City New York	State Zip Code NY 10128				Amou	int of E	ach Di	sburse	ement	this Pe	
	Purpose of Disbursement Contribution	10120		01	1		-	•		10	00.00	
	Candidate Name Carolyn B. Maloney		1	ateg Typ								
	Office Sought: X House Senate President State: NY District: 14	isbursement For: 2008 X Primary General Other (specify)	•									
	Full Name (Last, First, Middle Initial) McCotter Congressional Committee						saction of Disb	ursem	ent	5634	27150)24
	Mailing Address PO Box 530788					0 ^M 4	M /	^D 2 9	/ \	ž (o ŏ 8 `	′
	City Livonia	State Zip Code MI 48153				Amou	int of E	ach Di	sburse	ement	this Pe	erio
	Purpose of Disbursement Contribution		-	01	_	L.	•	•		10	00.00	_
	Candidate Name Thaddeus G. McCotter			ateg Typ	-							
	Senate President	isbursement For: 2008 X Primary General Other (specify)										
	State: MI District: 11											

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	3)		eck only	: NUMBE	п.	L	PAGE	69 / 8	1
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		À	21b 27	22 28a	X 23 28k		3c	25 29];
	y Information copied from such Reports and St or commercial purposes, other than using the										
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology										
<u>/</u>	Full Name (Last, First, Middle Initial)					Trans	action I	D : 9836	2-5640	137501	181
	Nathan Deal for Congress					Date	of Disbu	rsement			
	Mailing Address PO Box 902 PO Box 902					0 4	W / L	29	, ż	0 0 8	
	City Gainesville	State Zip Code GA 30503				Amou	nt of Ea	ch Disbu	rsemen	this Pe	erio
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	2008 General Candidate Name Nathan Deal			01 ⁻ ateg Typ	ory/						
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	Full Name (Last, First, Middle Initial)					Trans	action I	D : 9836	2-8311	73121	192
	Pete Stark Re-Election Committee					Date	of Disbu	rsement			
	Mailing Address PO Box 8331					0 4	M / [29	ž	0 0 8	Y
	City Fremont	State Zip Code CA 94537				Amou	nt of Ea	ch Disbu	rsemen	this Pe	erio
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	Candidate Name Pete Stark			ateg Typ							
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	Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee						of Disbu		2-1195	533717	763
	Mailing Address PO Box 8331					0 4	M / [29	ž	0 Ď 8	Y
	City Fremont	State Zip Code CA 94537				Amou	nt of Ea	ch Disbu	rsemen	this Pe	erio
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		Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b
Γ	Any Information copied from such Reports	and Statements may not be sold or use	ed by any person		
	or for commercial purposes, other than usin				
ſ	NAME OF COMMITTEE (In Full)				
	American Academy of Ophthalmo	ology Inc Political Committee (Of	PHTHPAC)		
	/ F. II Nicoca (Local Elizat Middle Lettici)			<u> </u>	
Α.	Full Name (Last, First, Middle Initial)				362-7186700701713
<i>~</i> .	Roberts Victory Committee; the			Date of Disburseme	
	Mailing Address PO Box 75103			$\begin{bmatrix} 0 & 4 & 4 & 4 \end{bmatrix}$	['] 2008
	City	State Zip Code		Amount of Each Dis	bursement this Period
	Washington	DC 20013			
	Purpose of Disbursement				1000.00
	Contribution		011		
	Candidate Name		Category/		
			Туре		
	Office Sought: House	Disbursement For: 2008			
	Senate President	Primary General X Other (specify) ▼			
	State: District:	Contribution			
-	Full Name (Last, First, Middle Initial)	Continuation			
В.	Stupak for Congress			Transaction ID: 98 Date of Disburseme	362-9523431658744
	Stapart for Congress			M M / D D	
	Mailing Address 817 Ninth Avenu	ue PO Box 156		0"4" 29	['] 2008 [']
	PO Box 143				
	City Menominee	State Zip Code MI 49858		Amount of Each Dis	bursement this Period
		1011 49656			1000.00
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	Candidate Name		Category/		
	Bart Stupak		Type		
	Office Sought: X House	Disbursement For: 2008			
	Senate	X Primary General			
	President	Other (specify)			
	State: MI District: 01				

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	•	29500.00

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Full Name (Last, First, Middle Initial) Bradley Black Mailing Address 5220 Flanders Drive City Baton Rouge City Baton Rouge City Baton Rouge City Candidate Name Office Sought: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) Michael Brennan Meiling Address 1016 Kirkpatrick Road City Burlington City Burlington NC 27215-9714 Purpose of Disbursement Office Sought: Full Name (Last, First, Middle Initial) City Cardidate Name Office Sought: President Condidate Name Office Sought: President Cother (specify) Transaction ID: 14435-275249660015 Date of Disbursement Office Sought: President City Cardidate Name Office Sought: President State: District: District: Disbursement For: President City Cardidate Name Office Sought: President City Cardidate Name Disbursement For: President City City City City City City City Cit	or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	name and address of any politic	al committee t					S
Bradley Black Malling Address 5220 Flanders Drive City Baton Rouge LA 70808-9157 Purpose of Disbursement duplicate Candidate Name Other (specify) ▼ City Sanate Primary General City Sought: House President State: District: Full Name (Last, First, Middle Initial) Michael Brennan Malling Address 1016 Kirkpatrick Road City Burlington Office Sought: NC 27215-9714 Purpose of Disbursement duplicate Candidate Name Other (specify) ▼ State Disbursement For: Senate Primary General Other (specify) ▼ Transaction ID: 14435-275249660015 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement Other (specify) ▼ Amount of Each Disbursement this Period Category' Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Keith Carter Mailing Address 200 Hawkins Drive City Senate Primary General Other (specify) ▼ Amount of Each Disbursement Other (specify) ▼ Transaction ID: 92730-705440700054 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement Other (specify) ▼ Transaction ID: 92730-705440700054 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement this Period Other (specify) ▼ Transaction ID: 92730-705440700054 Date of Disbursement Other (specify) ▼ Transaction ID: 92730-705440700054 Date of Disbursement Other (specify) ▼ Transaction ID: 92730-705440700054 Date of Disbursement Other (specify) ▼ Transaction ID: 92730-705440700054 Date of Disbursement Other (specify) ▼ Transaction ID: 92730-705440700054 Date of Disbursement Other (specify) ▼ Transaction ID: 92730-705440700054 Date of Disbursement Other (specify) ▼ Transaction ID: 92730-705440700054 Date of Disbursement Other (specify) ▼ Transaction ID: 92730-705440700054 Date of Disbursement Other (specify) ▼ Transaction ID: 92730-705440700054 Date of Disbursement Other (specify) ▼ Other (specify)		mo i ontical committee (C						
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Office Sought: House Senate Primary General Disbursement For: State: District: House President State: District: Pull Name (Last, First, Middle Initial) Michael Bresident State: Disbursement For: Disbursement For: Disbursement Grandidate Name Disbursement Grandidate Name Disbursement Grandidate Name Disbursement Dis			7	Amou	unt of Each	Disburse	ement this	Period
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Michael Brennan Mailing Address 1016 Kirkpatrick Road City State Zip Code Burlington NC 27215-9714 Purpose of Disbursement duplicate Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ City State: District: Full Name (Last, First, Middle Initial) Keith Carter Mailing Address 200 Hawkins Drive City State Zip Code Jake Amount of Each Disbursement this Period Transaction ID: 92730-705440700054 Date of Disbursement this Period Amount of Each Disbursement this Period Transaction ID: 92730-705440700054 Date of Disbursement this Period Amount of Each Disbursement ID: 92730-705440700054 Date of Disbursement this Period Transaction ID: 92730-705440700054 Date of Disbursement this Period	Office Sought: House Disb Senate President	Primary General						
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lowa City Purpose of Disbursement duplicate Candidate Name Disbursement For: Senate Primary President State: District: Senate Other (specify) Type State: District:	Mailing Address 200 Hawkins Drive			0 ^M 4	M / D	7 /	ŽOĎ	3 ^Y
duplicate Candidate Name Office Sought: House Senate Primary General President Other (specify) ▼ State: District:			9	Amou	ınt of Each	Disburse		
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	y Information copied from such Reports and Stater for commercial purposes, other than using the name of a commercial purposes.												
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political C	Committee (OP	НТН	IPAC	C)							
	Full Name (Last, First, Middle Initial) Mark Chiu						Date		burse	ement		27444	
	Mailing Address 806 Dr. Martin Luther Ki	ng Jr Aven	l				0 4			^D /		2 0 ŏ 8	
	City Albuquerque	State NM	Zip Code 87102-3657				Amou	int of	Each	Disbur		nt this P	-
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	Full Name (Last, First, Middle Initial) James Chodosh Mailing Address 608 Stanton L Young Bo	oulevard					Date		on ID: sburse			49257 2 0 ŏ 8	
	City Oklahoma City	State OK	Zip Code 73104-5014				Amou	ınt of	Each	Disbur		nt this P	
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	Full Name (Last, First, Middle Initial) S William Clark							of Dis	burse	ement)-581	43252	1343
	Mailing Address 502 Isabella Street						o ^M 4	M /	^D 1	7 /	Y 2	2 0 0 8	Y
	City Waycross	State GA	Zip Code 31501-3638				Amou	int of	Each	Disbur	semer	nt this P	eriod
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NAME OF COMMITTEE (In Full)					
American Academy of Ophthalmology	Inc Political Committee (OF	PHTHPAC)			
Full Name (Last, First, Middle Initial) Anna Luisa Di Lorenzo			Transaction ID: 78709-016719996929 Date of Disbursement		
Mailing Address Suite B 2877 Crooks Road			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} \ \begin{smallmatrix} D & 1 & 6 \\ \end{smallmatrix} \ \begin{smallmatrix} C & N & N \\ 0 & 4 \end{smallmatrix} $		
City Troy	State Zip Code MI 48084-4717		Amount of Each Disbursement this Period		
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Full Name (Last, First, Middle Initial)			Transaction ID: 78709-894817531108		
Anna Luisa Di Lorenzo			Date of Disbursement		
Mailing Address Suite B 2877 Crooks Road			04 16 7 2008		
City Troy	State Zip Code MI 48084-4717		Amount of Each Disbursement this Period		
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Candidate Name		Category/ Type			
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Full Name (Last, First, Middle Initial) G Baker Hubbard			Transaction ID: 92730-018306910991 Date of Disbursement		
Mailing Address Suite B3409 1365B Clifton Road N	lortheast		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
City Atlanta	State Zip Code GA 30322-0001		Amount of Each Disbursement this Period		
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<u> </u>	NAME OF COM						
<u>/</u>	American Acad	demy of Ophthalmology Inc	Political C	Committee (OP	HTHPAC)		
	Full Name (Last, Peter Jensen	First, Middle Initial)				Transaction ID: 92730-3 Date of Disbursement	8875979185 ⁻
	Mailing Address	Suite A 1615 12th Avenue Road				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	2008
	City Nampa		State ID	Zip Code 83686-6184		Amount of Each Disbursen	
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	Candidate Name				Category/ Type		
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	State:	District:					
	Full Name (Last, Leslie Jones	First, Middle Initial)				Transaction ID: 79936-4 Date of Disbursement	59011256694
	Mailing Address	Suite 2100 2041 Georgia Avenue N	orthwest			0 4 M / D D / Y	2008
	City Washington	J	State DC	Zip Code 20060-0001		Amount of Each Disbursen	
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	Full Name (Last, Amar Joshi	First, Middle Initial)				Transaction ID: 14435-3 Date of Disbursement	
	Mailing Address	Floor 8 203 Lothrop Street		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	2008		
	City Pittsburgh	•	State PA	Zip Code 15213-2548		Amount of Each Disbursen	
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NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In	c Political Co	ommittee (OPI	HTL	IΡΔ	C)							
/						I						
Full Name (Last, First, Middle Initial) Partho Kalyani						_			: 14435 ement			
Mailing Address University of Arizona D 655 N Alvernon Way Si	epartment o uite 108					0 4	IVI /	1	^D 6	<u>'</u> 2	0 0 8	
City Tucson	State AZ	Zip Code 85711				Amo	unt of	Each	Disbur	semer	t this F	'eriod
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Robert Liss								sburs	ement			
Mailing Address Suite 420 419 W Redwood Street						0 4		1	5	2	0 0 8	
City Baltimore	State MD	Zip Code 21201-7002				Amo	unt of	Each	Disbur			
Purpose of Disbursement wanted				010		L.					150.0	0
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Office Sought: House Senate President State: District:	Primary Other (spec	General cify) ▼										
Full Name (Last, First, Middle Initial) Sid Mandelbaum						Date	of Dis	sburs	: 92730 ement			
Mailing Address 178 East 71st Street						0 ^M 4	M /	^D 1	^D 7	Ž	0 ŏ 8	, Y
City New York	State NY	Zip Code 10021-5131				Amo	unt of	Each	Disbur	semer	t this F	'erio
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	y Information copied from such Reports and State for commercial purposes, other than using the name									
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political Committee (OPI	HTHE	PAC)						
•	Full Name (Last, First, Middle Initial) Mark Christophe Maria					of Disbu	D : 9311		58596 2 0 Ď 8	
	Mailing Address 150 Quail Lane	7.0.1								
	City Lebanon	State Zip Code PA 17042-9403			Amou	ınt of Ea	ch Disbu			-
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	Full Name (Last, First, Middle Initial) Stephanie Jones Marioneaux				Date	of Disbu	D : 9273			
	Mailing Address Suite 108 300 Med Parkway				0 4		17	2	0 0 8	
	City Chesapeake	State Zip Code VA 23320			Amou	ınt of Ea	ch Disbu	ırsemer	nt this P	eriod
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	Full Name (Last, First, Middle Initial) Tyrone McCall					of Disbu	D: 9273	80-069	19497	2515
	Mailing Address Suite 600 7150 Greenville Avenue				0 ^M 4	M /	17	YZ	0 0 8	Y
	City Dallas	State Zip Code TX 75231-5187			Amou	ınt of Ea	ch Disbu	ırsemer	nt this P	eriod
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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 2 X 28a 28b 28c 29 3			
	y Information copied from such Reports and State or commercial purposes, other than using the nar						
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political Committee (OPH	ITHPAC)				
	Full Name (Last, First, Middle Initial) David Noonan			Transaction ID: 96136-998882472515 Date of Disbursement 0 4			
	Mailing Address 655 Beach Street			04 2008			
	City San Francisco	State Zip Code CA 94109-1342		Amount of Each Disbursement this Period			
	Purpose of Disbursement Candidate Name		010 Category/	120.00			
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	Туре				
	Full Name (Last, First, Middle Initial) Peter Nussbaum Mailing Address 22 Old Short Hills Road	Suite 104		Transaction ID: 92730-184841334819 Date of Disbursement 0 4			
	City	State Zip Code		Amount of Each Disbursement this Period			
	Livingston Purpose of Disbursement duplicate	NJ 07039-5605	010	500.00			
	Candidate Name		Category/ Type				
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼					
	Full Name (Last, First, Middle Initial) Arnold Prywes			Transaction ID: 95021-375484645366 Date of Disbursement			
	Mailing Address 4212 Hempstead Turnp	ike		$\begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 7 \\ 1 & 7 \end{bmatrix} / \begin{bmatrix} 1 & 2 & 0 & 0 & 8 \\ 2 & 0 & 0 & 8 \end{bmatrix}$			
	City Bethpage	State Zip Code NY 11714-5723		Amount of Each Disbursement this Period			
	Purpose of Disbursement duplicate Candidate Name		010 Category/ Type	365.00			
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Full Name (Last, First, Middle Initial) David Ringel Mailing Address 101A Kings Way W				ction ID: 9273 Disbursement		
City Sewell Purpose of Disbursement duplicate Candidate Name	State Zip Code NJ 08080-2233	010 Category/ Type	Amount	of Each Disb	ursement this 500.	
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Full Name (Last, First, Middle Initial) John Denis Roarty Mailing Address 3901 Beaubien Street				Disbursement		
Senate	State Zip Code MI 48201-2119 ursement For: Primary General	010 Category/ Type	Amount	of Each Disbo	ursement this	
State: District: Full Name (Last, First, Middle Initial) Richard Shugarman	Other (specify)		Date of	ction ID: 9273		
Mailing Address Suite 1001 400 N Flagler Drive City West Palm Beach Purpose of Disbursement dup Candidate Name Office Sought: House Disb	State Zip Code FL 33401-4302	010 Category/ Type	Amount	of Each Disb		Period
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